UNITED
NATIONS

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Economic and Social
Council

Distr.
GENERAL

E/CN.4/Sub.2/AC.4/1996/3/Add.3
24 June 1996

Original: ENGLISH

COMMISSION ON HUMAN RIGHTS

Sub-Commission on Prevention
of Discrimination and
Protection of Minorities
Working Group on Indigenous Populations
Fourteenth session
29 July - 2 August 1996
Item 5 of the provisional agenda

REVIEW OF DEVELOPMENTS PERTAINING TO THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS OF INDIGENOUS PEOPLES: HEALTH AND INDIGENOUS PEOPLES

Information received from indigenous peoples' organizations

Addendum

THE FOUR CREE NATIONS OF HOBBEMA AND THE INTERNATIONAL ORGANIZATION OF INDIGENOUS RESOURCE DEVELOPMENT

[Original: ENGLISH]
[14 June 1996]

1. The Four Cree Nations of Hobbema and the International Organization of Indigenous Resource Development welcome the sub-item of the provisional agenda on indigenous health. Last year, Chief John Ermineskin of the Ermineskin Cree Nation gave a brief presentation to the Working Group. In his presentation, the Chief informed the Working Group of Canada's violation of Treaty No. 6: Peoples' Right to Health. Treaty No. 6, signed in 1876, between the First Nations and the British Crown, includes a specific provision for health benefits, famine and pestilence assistance. These are continuing legal obligations that bind the Crown to the provision of timely and necessary health-care services to alleviate the suffering of our Peoples. It is our, as

well as the Crown's understanding and agreement at the signing of the Treaty, that this care would continue for our Peoples "as long as the sun shines, the rivers flow and the grass grows".

2. It should be noted that the First Nations and Members of Treaty No. 6, have the protection of the Medicine Chest Clause in addition to the guarantee that the federal and provincial Governments in Canada provide to all their citizens. This guarantee of access to all medical and health services one can receive within Canada exists - supposedly - to ensure that all people living within the boundaries of what is now Canada are not whimsically denied the health care they require. Even with this guarantee, articulated in part in the Canada Health Act, and the shield of Treaty No. 6, too many of our people live in destitute circumstances while next door other non-indigenous persons enjoy an affluent and healthy lifestyle.

3. This situation is permitted to exist because instead of recognizing the plight of our Treaty Peoples, Canada and its provinces have in the past, and continue today, to use the Crown's continuing Treaty obligations to our Peoples as a means to deny us access to services readily available to the non-indigenous populations in our territories.

4. When Canada, as it was then, was formed, as a loose union of separate geopolitical regions with diverse and often competitive interests, in 1867 the formers of the confederacy took it upon themselves to decide that the geopolitical regions known as the provinces of Canada would have jurisdiction, as defined in section 92.7 of the Constitution Act, 1867:

> "over the Establishment, Maintenance and Management of Hospitals, Asylums, Charities and Eleemosynary Institutions in and for the Province, other than Marine Hospitals".

5. In the year 1905, fully 29 years subsequent to the singing of Treaty No. 6, Canada, under two separate pieces of legislation, carved two new provinces, Saskatchewan and Alberta, out of our territory. Section 3 of the Alberta Act 1905 states:

> "The provisions of the Constitution Acts, 1867 to 1886, shall apply to the province of Alberta in the same way and to the like extent as they apply to the provinces heretofore comprised in the Dominion, as if the said province of Alberta had been one of the provinces originally united ...".

Thus we find in 1996, not one hospital has been built on First Nations land in all of Treaty No. 6 territory in the province of Alberta. When our People require care that can only be given in a hospital, they must travel, often at great risk, to a provincial institution away from our communities.

6. We do not present this for this chamber as a dumping ground for complaints. The fact remains, it is our history as Treaty No. 6 Peoples, that while the provincial and federal Governments in Canada kick the "responsibility for the delivery of health services to Indian Peoples", back

and forth between themselves, much like one would a football, our Peoples' health-care needs are neglected to the point of unnecessary and avoidable deaths occurring amongst us.

7. We wish to inform this assembly of the fourteenth session of the following facts, facts gleaned from medical and scientific research into the health and socio-economic conditions of First Nations Peoples in Canada:

Current Health Canada figures indicate that First Nations Peoples in Canada are subject to tuberculosis at a rate three times that of all Canadians;

The life expectancy of First Nations members is still almost 10 years less than that of all Canadians;

Diabetes is prevalent in our societies at a rate of four and one half times the national rates;

Neo-natal death rates are still more than two and one half times the national neo-natal death rate;

Death from suicide occurs in our communities at a rate approximately two and one half times the national rate;

The average income of First Nations Peoples in Canada is 46 per cent that of the average income of all Canadians;

In spite of the appalling health status of First Nations Peoples and our poverty, the per capita expenditure by all levels of government on First Nations health is approximately 7 per cent less than expenditures by all levels of government on Canadians generally.

8. There are other items we could lay before your esteemed office, for example, with regard to housing, water and sanitary substandards; perhaps on another day.

9. Last year, Chief John Ermineskin of the Ermineskin Cree Nation, alluded to actions the Federal Department of Health was contemplating in regard to our Peoples. Many of the items he brought to your attention have been acted upon with alarming results. The Minister of Health for the Government of Canada instituted a cap on Federal Government spending in support of Indian and Northern Health Services permitting only a 6 per cent increase in federal spending on Indian and Northern Health Services in the 1995/96 fiscal year, 3 per cent in the 1996/97 fiscal year, 3 per cent in the 1997/98 fiscal year and 1 per cent in the 1998/99 fiscal year. The imposition of this "envelope" system has resulted in cutbacks in virtually every service area covered by the non-insured health benefits subprogramme to the point that many persons have either been refused care or have instead received substandard care.

10. In addition to the actions of the Federal Government, the provinces in Canada by their actions, have not remained silent on their interpretation of our rights. Subsequent to the 15 June 1993, election of the present

government of the province of Alberta, a series of massive funding cuts were initiated by the province to its Department of Health budget. The largest portion of these cuts impacted hospital-based services to such an extent that services previously provided in the rural hospitals, those hospitals closest to our communities, were severely cut back if not eliminated altogether. The number of beds available for patients to occupy was also drastically reduced, resulting in large reductions in staffing in the hospitals. These actions were taken despite our protests. By its actions, the province is creating a two-tiered health-care delivery system: one for the rich and another, lesser, one for the poor. Unnecessary and avoidable deaths in our communities have been the result of these actions by the provincial and the federal Governments. These actions were taken despite the alarming medical and scientific research we have itemized above. The Treaty Six Peoples maintain that the neglect experienced by our people is an affront not only to ourselves but to indigenous peoples' the world over and to the Universal Declaration of Human Rights.

11. We would therefore recommend the following:

Recognizing the First Nations Peoples in Canada are now living in what has been referred to as third world conditions, we recommend that the mandates of the World Health Organization and other health and social agencies of the United Nations, be amended/altered so that these bodies/agencies can enter Canada, study our situation and assist us in restoring our communities to acceptable health;

The United Nations set as a priority, in this the Decade of Indigenous Peoples, the identification and alleviation of the suffering of the indigenous peoples in Canada;

A global conference, sanctioned by the United Nations, on indigenous peoples' health, take place in Treaty Six territory;

The United Nations bring its diplomatic power to bear upon Canada to prevent Canada or its provinces from arbitrarily changing the health-care delivery system in Canada without first seeking the agreement of the First Nations Peoples in Canada.